

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022244

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53Primary Registration District No. 3010Registrar's No. 274

FILED JUL 2 1962

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Cape Girardeau

Length of stay in 1b

2 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION St. Francis

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Ill.

b. COUNTY Pulaski

c. CITY OR TOWN Mounds

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

129 N. Deaware

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Lola

Florence

Schwarz

## 4. DATE OF DEATH

Month

Day

Year

June

25-

1962

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

9-16-1903

## 9. AGE (last birthday)

58

## IF UNDER 1 YEAR

Months 9

Days 9

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook School lunch

## 10b. KIND OF BUSINESS OR INDUSTRY

Villa Ridge, Ill

## 11. BIRTHPLACE (City and state or country)

Delta, Ill.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Joshua

Vick

## 13b. MOTHER'S MAIDEN NAME

Lucinda Eagan

## 14. NAME OF HUSBAND OR WIFE

Walter

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

none

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Lucinda Vick, Mounds, Ill.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Metastatic Carcinom. of Stomach

## INTERVAL BETWEEN ONSET AND DEATH

3 Mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from May 7, 1962 to 6-25-62 and last saw her alive on 6-25-62  
Death occurred at 3:03 A on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

William C. Kaster, M.D.

## 22b. ADDRESS

937 Broadway, Cape Girardeau, Mo.

## 22c. DATE SIGNED

6-26-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

June 27, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Thistlewood

## 23d. LOCATION (City, town, or county)

Mounds

Illinois

## 24. FUNERAL DIRECTOR

ADDRESS

Jas. T. Egan Mounds, Ill.

## 25. DATE RECD. BY LOCAL REG.

6-26-62

## 26. REGISTRAR'S SIGNATURE

William C. Kaster

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

JUL 18 1962

JUL 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Jas. Ryan, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Jas. Ryan

Licensed Embalmer No.

5931-Jessie

P. O. Address

Moravia, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.